	2004 FORM MO	NT OF REVENUE					
	OPERTY TAX CR AL SECURITY NO.	SPOUSE'S SOCIAL SECURI					
LAST	NAME	FIRST NAME	INITIAL JR, SR				
BIRTH	IDATE MM DD YY	TELEPHONE NUMBER	DECEASED 2004				
SPOU	SE'S LAST NAME	FIRST NAME	INITIAL JR, SR				
BIRTH	IDATE MM DD YY	1	DECEASED 2004	IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPR	ESENTATIVE, E	TC.)	
PRESENT HOME ADDRESS				CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE	
QUALIFICATIONS	A. 65 years of age or c Form SSA-1099.) B. 100% Disabled Vete	must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included with claim. A. 65 years of age or older (Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veterans Affairs.) C. 100% Disabled (Attach a copy of the letter from SSA-1099.) D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)					
	ING STATUS Single				ou must r	d filing combined, report both incomes.	
Fai				s), tax receipt(s), 1099(s), W-2(s), etc.) ched to claim if that line has an amou			
HOUSEHOLD INCOME	Enter the amount of social any deductions and/or the Attach Form SSA-1099 and the Attach Form SSA-	amount of social sec	curity equivalent railroa	d retirement benefits.	1	00	
	income. Attach Forms V	V-2(s), 1099(s), 1099	-R(s), 1099-DIV, 1099	erest income, rental income, or other I-INT, 1099-MISC, etc.	2	00	
		R (Tier II)			3	00	
			•	rions. Attach letter from Veterans Affairs from: public assistance, SSI, child support,	4	00	
	Temporary Assistance pa Social Security Adminis	yments (TA and/or Tation and/or Tation and/or Socia	ÁNF). Attach a copy al Services that includ	of Form SSA-1099(s), a letter from the des the total amount of assistance	5	00	
	6. TOTAL household incom	e — Add Lines 1 thre	ough 5		6 7 -	00	
	8. Net household income —	- Subtract Line 7 fron	n Line 6. If the total is			00	
S REAL ESTATE TAX / RENT PAID	9. If you owned your home	e, enter the total am	ount of real estate ta	8 is used to figure your credit.)	9	00	
	acres or you own a mobile home, attach Form 948, Assessor's Certification. 10. If you rented your home, enter the amount from Form MO-CRP(s), Line 8 in box below. (If total yearly rent is more than Line 6, attach rent payment explanation.) Attach rent receipt(s) for the whole year or each month or a statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted if your landlord will not						
	provide rent receipts, or statement				10b	00	
	(Amount from Line 11 is used to figure your credit.) 12. You must use the chart in the instructions to see how much refund you are allowed.				11	00	
CREDITS	Apply amounts from Lin	es 8 and 11 to char ed \$750. Enter cre	t in the instructions to	o figure your Property Tax CreditTOTAL REFUND	12	00	
TURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, porrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a only of up to \$500 shall be imposed on any individual who files a frivolous claim.						
	authorize the Director of Revenue or delegate SIGNATURE	to discuss my claim and attac		member of the preparer's firm. YES NO PREPARER'S SIGNATURE	RER'S PHONE	FEIN, SSN, OR PTIN	
is	SPOUSE'S SIGNATURE	[DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE		DATE	
-	Mail claim and attachr	nents to Missour	i Department of R	evenue, P.O. Box 2800, Jefferson C	ity, MO 6	5105-2800.	